

PLAINTIFF Randolph S Tangle		COURT CASE NUMBER 05-114E
DEFENDANT John A. Onorato		TYPE OF PROCESS 42 USC § 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John A Onorato, Erie County Solicitor		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Erie County Courthouse, 140 West Sixth, Erie PA 16501		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW John A. Onorato Erie County Solicitor's Office Erie County Courthouse 140 West Sixth Street Erie PA 16501		Number of process to be served with this Form 285 3
		Number of parties to be served in this case 5
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**814 - 451-6000
814 - 451-6232**

Signature of Attorney other Originator requesting service on behalf of: Randolph S Tangle	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER none	DATE 4-8-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 4-8-05 Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy [Signature]	

Service Fee 80	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 80	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 80
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REMARKS: **MAILED 7-12-05**

08/17/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL

